

## JOB APPLICATION

We are an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight height, color or handicap, in the hiring, promotion, payment, or discipline of employees.

If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Do you currently have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

DRIVER'S LICENSE NUMBER \_\_\_\_\_

Are you 18 years or older? \_\_\_\_ Yes \_\_\_\_ No

Position applied for \_\_\_\_\_

Did you receive job descriptions for all positions applied for? \_\_\_\_ Yes \_\_\_\_ No

Can you perform the duties of the job in which you wish to be employed, with or without accommodation?  
\_\_\_\_ Yes \_\_\_\_ No

We are licensed to provide adult foster care for 24 hours a day, 7 days a week, 52 weeks a year. Working any shift and overtime hours is expected for continued employment. Are you able to meet this requirement?  
\_\_\_\_ Yes \_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain.

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Are there any felony charges pending against you? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain.

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Are you on court-supervised probation or parole? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain.

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Have you ever been administratively determined by a federal, state or local governmental agency to have committed abuse or neglect? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when, where, and nature of the case

Have charges ever been substantiated against you for abuse, neglect, exploitation, mishandling client funds or any other recipient rights violations in an investigation by:

Department of Commerce/Department of Consumer and Industry Services \_\_\_\_\_ Yes \_\_\_\_\_ No

Department of Social Services/Family Independence Agency \_\_\_\_\_ Yes \_\_\_\_\_ No

A local Community Mental Health Recipient Rights Office \_\_\_\_\_ Yes \_\_\_\_\_ No

Any other recipient rights office \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes is answered to any of the above, please explain. (Attach additional pages if necessary.)

Have you ever been employed by this organization before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give dates employed, and indicate if employed under a different name.

Please indicate the names of any relatives already employed by this employer:

### EDUCATION

High School attended \_\_\_\_\_ City/State \_\_\_\_\_  
Graduate \_\_\_\_\_ or GED \_\_\_\_\_

### ADDITIONAL EDUCATION

SCHOOL ADDRESS \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_ GPS \_\_\_\_\_

### PERSONAL REFERENCES (no relatives please)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

### EMPLOYMENT REFERENCES

NAME/POSITION \_\_\_\_\_ BUSINESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

## EXPERIENCE

List most recent employer first:

EMPLOYER	ADDRESS	JOB TITLE	DATES	REASON LEFT

I hereby give you permission to contact the above employers, references, and educational institutions to verify the items I listed above. I hereby release Innovative Housing and the above referenced organizations, reference persons and employers from all claims, liability and damages that may result from furnishing the information to you. I expressly and fully waive all written notice from all prior employers. I consent to releasing any information relating to my job performance which is documented in my personnel file.

I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Commerce/Department of Consumer and Industry Services, Family Independence Agency, Department of Community Health, the local Community Mental Health agencies and other various governmental or private agencies from all claims, liability, and damages that may result from furnishing the information to you.

I further specifically waive written notice and agree to the divulging of any disciplinary reports, letters of reprimand or other disciplinary action by all prior employers, and hereby release my prior employers from all claims, liability and damages that may result from furnishing the information to you.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I further understand that any dishonest, false or incomplete answers on this application or in any subsequent interviews are grounds for immediate dismissal.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

In consideration of my employment, I agree to conform to the rules and regulations of Innovative Housing Development Corporation. My employment and compensation can be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of Innovative Housing Development Corporation or myself. I further understand that no one other than Renae Kiehler, Executive Director has any authority to enter into any agreement or contract for any specified period of time, or to make any agreement contrary to the foregoing. Any such agreement must be in writing and signed by the Director. I further understand that at such time of discharge from the corporation, I am barred from any claims of wrongful discharge after six months from the date of separation of employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This application will be kept current for thirty days. You need to complete another application to be reconsidered after that date.

## PRE-INTERVIEW QUESTIONNAIRE

**APPLICANT NAME:** \_\_\_\_\_

1. Are you currently working for another employer?
2. What shifts are you available to work – Afternoons or Midnights ?
3. What days of the week are you available to work?
4. Are you willing to work a set schedule?
5. Do you attend college?  
If so, where do you attend?  
What field are you studying?
6. Do you have experience working with individuals with a mental illness?
7. Do you have experience working with individuals with a developmental disability?
8. How did you hear about Innovative Housing?
9. Are you requesting to work at a specific home? If so, what one?
10. Do you have any special skills, trainings, or qualifications that may be helpful with the job?

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

St. Clair County Community Mental Health Authority  
**OFFICE OF RECIPIENT RIGHTS**  
**Authorization to Disclose Employee Information**  
**and Release of Liability**

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I, (print first and last name) \_\_\_\_\_, authorize St. Clair County Community Mental Health Authority's Office of Recipient Rights to disclose any reports/records regarding substantiated recipient rights violations to the party identified below for the purpose of verifying my eligibility for employment.

Further, I release St. Clair County Community Mental Health Authority, and its officers, agents, and employees from any and all claims, liability, and damages that may result from the release of said reports/records. In addition, I understand these reports/records may be provided to the Department of Licensing and Regulatory Affairs and Michigan Department of Health and Human Services, and I consent to the release of this information.

**PREVIOUS PLACES OF EMPLOYMENT**

1.) _____	Dates employed: _____ to _____
2.) _____	Dates employed: _____ to _____
3.) _____	Dates employed: _____ to _____

I have previously worked under the following name(s): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE INFORMATION TO**

Provider/Recipient Name: \_\_\_\_\_

**OFFICE OF RECIPIENT RIGHTS – STAFF USE ONLY**

According to the records of the St. Clair County Community Mental Health Authority's Office of Recipient Rights, the above named applicant ☐ DOES ☐ DOES NOT have a substantiated recipient rights complaint recorded with its office. If a substantiated complaint was discovered, it was recorded on (date) \_\_\_\_\_ and was issued for a violation in the following category: \_\_\_\_\_.

Records reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please submit forms via fax (810) 966-3393 Attn: Recipient Rights Office**